

Social Distancing: Lessons learned from SARS

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SARS: The Toronto Story



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February 23, 2003- April 18, 2003

May 22, 2003-June 11, 2003



- Provincial Emergency declared March 26, 2003
- 13,000+ People Quarantined
- 23,000+ Contacts Followed Up
- 27 Quarantine Orders
- Hot Line Calls: 300,000 with 47,567 in one day!
- 44 deaths
- Significant financial costs

What is Social Distancing?

- In the context of influenza it has been defined as:

“Infection control strategies that reduce the duration and/or intimacy of social contacts and thereby limit the transmission of influenza”

Homeland Security Council, National Strategy for Pandemic Influenza: Implementation Plan 209 (GPO May 2006). p. 209

Social Distancing Measures We Used During The SARS Outbreak

- Medical Officer of Health Orders
 - Compulsory Quarantine
- Court Orders
- Voluntary Quarantine
- Work Quarantine
- Quarantined classes of students
- Cancelled visitations at funeral homes
- Imposed severe restrictions on in-patient hospital visits
- But . . .

Factors that Influence the Effectiveness of Social Distancing Strategies

- Duration and severity of the crisis
- Public Education and Community Engagement
- Perceived effectiveness of government response
- Layered application of strategies
- Level of disruption
- Willingness to adopt creative solutions
- Mitigating the financial impact of SD strategies

Privacy and Ethical Considerations

- The Costs and Benefits of Privacy
 - Maintaining patient confidentiality vs communicating vital personal information to protect the public
- The Ethics of Quarantine and Measures of Social Distancing
 - Balancing individual freedoms against the common good
 - Ensuring less intrusive measures are considered
 - Communicating rationale for imposing measures
 - Assisting those affected by measures to overcome related hardships

Social Distancing Checklist

- Prepare Key Contacts List/On Call Roster (24/7)
- Identify Isolation facilities
- Develop Strong Community Partnerships: hospitals, police, community agencies
- Develop Protocols (eg. for home and work quarantine and for funerals and funeral homes)
- Develop modified workplace schedules and practices
- Develop Communications Strategy
- Develop Ethics framework
- Engage in early post event debriefings

Public Health Emergencies and Social Distancing Measures

- **The Incredible Importance of Voluntary Compliance**
 - Legal powers alone won't work. Voluntary compliance is essential; how to "sell" it?
 - Compensation incentives encourage and promote voluntary compliance
- **Leadership and Communication**
 - Roles must be defined and egos kept in check.
 - Must develop a coherent communication strategy

It won't be SARS next time but it will be . . .

- We made mistakes. . .
- We were lucky, it could have been worse
- But, four things were good decision choices and are likely reusable in future emergencies
 1. Used the media effectively
 2. Drafted templates for quarantine orders
 3. Developed protocols for recurring events such as funerals and visitations at funeral homes
 4. Closed many of the gaps in the legislation

References

- Blendon, R et al. Public Response to Community Mitigation Measures for Pandemic Influenza. Emerging Infectious Diseases. Vol. 14, No.5, May 2008 (www.cdc.gov/eid)
- Campbell Commission (www.sarscommision.ca)
- Centers for Disease Control and Prevention. Interim Pre-pandemic Planning Guidance: Community strategy for pandemic influenza mitigation in the United States. (www.panflu.gov/plan/community/community_mitigation)

References cont'd

- Federal SARS Grant Initiative (www.cupe.ca/sars/ART3ebfb7632d295)
- SARS Assistance and Recovery Strategy Act, 2003 (www.e-laws.gov.on.ca)
- Speakman, J and Mendelson, L. (2003). "SARS: The Toronto Experience". Municipal Lawyer. September/October 2003 Vol.44, No.5